

Memorandum

Subject

Correction of Social Security Number

To:

Debtor(s)
Attorney(s) for Debtor(s)

From:

Nicholas Strozza
Assistant U.S. Trustee, Reno

The proof of Social Security Number you have provided shows that you have used an incorrect Social Security Number ("SSN") on your bankruptcy petition. This error can adversely affect someone else's credit record. You are required to correct your bankruptcy filing and make sure that all interested parties are made aware of the correction. Therefore, you must take the appropriate actions, as follows, within 10 days of today's date.

- ➔ If the error in your SSN affects only the first five digits of the SSN, follow steps ①, ②, ③, and ④ below.
- ➔ If the error in your SSN affects the last four digits of the SSN, follow steps ①, ②, ③, ④, and ⑤ below.

① Submit, in paper, to the U.S. Bankruptcy Court Clerk an Amended Statement of Social Security Number (Form 21, copy attached) indicating your full and correct social security number.

② Serve upon all of your creditors, the trustee assigned to your case, and the U.S. Trustee the Amended Statement of Social Security Number(s) (Form 21) reflecting your full and correct social security number.

③ File with the U.S. Bankruptcy Court Clerk a completed Certificate of Service by Mail (sample attached) certifying you have served the completed Amended Statement of Social Security Number (Form 21) on the people listed in ② above. Attach to the Certificate of Service a list of all of the creditors (names and addresses) and the names of the trustee(s) you served. **DO NOT ATTACH A COPY OF THE AMENDED STATEMENT OF SOCIAL SECURITY NUMBER(S) (FORM 21) TO THE CERTIFICATE OF SERVICE.**

④ File with the U.S. Bankruptcy Court Clerk a redacted copy of the Amended Statement of Social Security Number(s) (Form 21) (i.e., only the last four digits of the SSN are listed : xxx-xx-1234).

➔ Remember, complete step ⑤ only if the error in the SSN affects the last four digits of the SSN.

⑤ File with the U.S. Bankruptcy Court Clerk an amended petition (copy attached) with the correct last four digits of your SSN.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re

Case Number _____

Chapter _____

[Set forth here all names including married, maiden,
and trade names used by debtor within last 6 years.]

Address _____

Social Security No(s): _____

Employer's Tax Identification No(s) [If any] _____

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

/ /Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all.)

/ /Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

/ /Joint Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all.)

/ /Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X _____
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.

1
2
3
4 UNITED STATES BANKRUPTCY COURT
5 DISTRICT OF NEVADA
6

7 In re:) Case no: BK-N-__ -_____-GWZ
8) Chapter: __
9)
10) CERTIFICATE OF SERVICE
11 (name(s)))
12 _____ Debtor.) Hearing Date: n/a
Hearing Time: n/a

13 I, _____, under penalty of perjury declare: That declarant is, and was when
14 the herein mailing service took place, a citizen of the United States, over 18 years of age, and that
15 on _____, 200__, I served a copy of the AMENDED STATEMENT OF
16 SOCIAL SECURITY NUMBER (Form 21) on the parties and people on the attached list at their last
17 known addresses, by U.S. Mail, first class postage prepaid.

18 DATED: _____, 200__.

19
20 _____
(signature)
21
22
23
24
25
26
27
28

Name

Bar Code #

Address

Phone #

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re: _____) BK-N-____-_____
) Chapter: ____
)
) Trustee: _____
)
)
)
) Debtor(s). _____)

AMENDMENT TO BANKRUPTCY PETITION

(Check All Applicable Boxes)

The following marked items have been amended in the above-named bankruptcy proceeding:

- ☐ Creditors have been added to Schedule ____.
\$20.00 is attached for adding new creditors.
- ☐ No new creditors are being added to Schedules.
- ☐ Documents missing from original filing.
- ☐ Documents missing from original filing, adding creditors.
\$20.00 is attached for adding new creditors.
- ☐ Account numbers have been added to Schedule ____.
- ☐ Case has been converted and new petition is attached.
- ☐ Relief has been ordered on involuntary case. Schedules are attached.
- ☐ Supplemental mailing list is attached. (Name and address of only new creditors should be on list.)
- ☒ Other: Social Security Number has been corrected.

Dated: _____

Attorney / Debtor

FORM B1		United States Bankruptcy Court District of _____		Voluntary Petition									
Name of Debtor (if individual, enter Last, First, Middle):			Name of Joint Debtor (Spouse) (Last, First, Middle):										
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):										
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):			Last four digits of Soc. Sec.No./Complete EIN or other Tax I.D. No. (if more than one, state all):										
Street Address of Debtor (No. & Street, City, State & Zip Code):			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):										
County of Residence or of the Principal Place of Business:			County of Residence or of the Principal Place of Business:										
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):										
Location of Principal Assets of Business Debtor (if different from street address above):													
Information Regarding the Debtor (Check the Applicable Boxes)													
Venue (Check any applicable box) <input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.													
Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding										
Nature of Debts (Check one box) <input type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.										
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)													
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Estimated Number of Creditors</td> <td style="text-align: center;">1-15 <input type="checkbox"/></td> <td style="text-align: center;">16-49 <input type="checkbox"/></td> <td style="text-align: center;">50-99 <input type="checkbox"/></td> <td style="text-align: center;">100-199 <input type="checkbox"/></td> <td style="text-align: center;">200-999 <input type="checkbox"/></td> <td style="text-align: center;">1000-over <input type="checkbox"/></td> </tr> </table>						Estimated Number of Creditors	1-15 <input type="checkbox"/>	16-49 <input type="checkbox"/>	50-99 <input type="checkbox"/>	100-199 <input type="checkbox"/>	200-999 <input type="checkbox"/>	1000-over <input type="checkbox"/>	
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s):	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:		Case Number:	Date Filed:
District:		Relationship:	Judge:

Signatures

<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>
<p style="text-align: center;">Signature of Attorney</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p>X _____ Signature of Attorney for Debtor(s) Date</p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input type="checkbox"/> No</p>
<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>_____ Printed Name of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (Required by 11 U.S.C. § 110(c).)</p> <p>_____ Address</p> <p>_____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>X _____ Signature of Bankruptcy Petition Preparer</p> <p>_____ Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</p>	